



Attorney Docket No.: 00CON159PC-CIP1  
Serial No.: 09/878,815

# 11 / B  
+ Docs.  
w/ Exhibits  
+ Reg. St.  
Time  
12-27-02  
L. Spruell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

fee OK

Applicant(s): **Hashemi, et al.**

Group Art Unit: 2811

Application Serial No.: 09/878,815

Examiner: Costanzo, P.

Filed: June 11, 2001

Title: **Structure And Method For  
Fabrication Of A Leadless Chip  
Carrier**

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DEC - 5 2002  
TECHNOLOGY CENTER 2800

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

This Amendment and Response is submitted in response to the Office Action, dated July 18, 2002, in the above-referenced patent application. Please enter the following amendments and consider the following remarks.

**In the Claims:**

Please cancel claims 28 and 30.

12/04/2002 AOSMAN1 00000039 09878815

01 FC:1252

400.00 OP

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Hashemi, et al.SERIAL NO.: 09/878,815 FILED: June 11, 2001FOR: Structure And Method For Fabrication Of A Leadless Chip CarrierHONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	400.00	200.00	\$ 400.00
THIRD MONTH AFTER TIME PERIOD SET	920.00	460.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,440.00	720.00	\$

☒ TOTAL EXTENSION FEE \$ 400.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

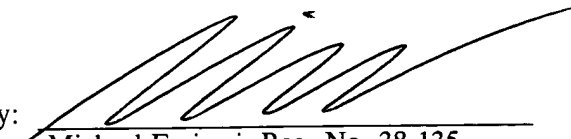
	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	55	MINUS **55	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

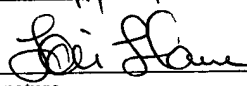
- ☐ Total fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_
- ☒ Enclosed is the total fee of \$ \$400.00.
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ \_\_\_\_\_
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/22/02

By:   
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

11/26/02  
  
Signature

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Lori Llave  
Typed or Printed Name of Person Mailing Paper and/or Fee